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TEMPORAL BONE.

Removal of the Labyrinth. Recovery.

BY

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A CASE OF NECROSIS OF THE TEMPORAL BONE; REMOVAL OF THE LABYRINTH; RECOVERY.¹

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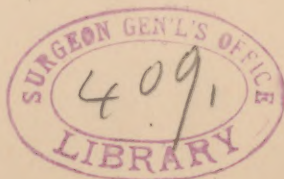
Assistant Aural Surgeon to the Massachusetts Charitable Eye and Ear Infirmary.

THE patient was first seen by me at the Children's Hospital in consultation with Dr. H. W. Cushing, who gave the following history :

Willie B., eight years of age, was brought by his mother to the hospital on August 24th for the relief of pain in the left ear. An examination showed the following condition: The left meatus filled with a purulent and offensive discharge. A polypoid mass, springing from the posterior upper portion of the canal close to the outer orifice, prevented an inspection of the condition of the middle ear. There was paralysis of the muscles of the face on the left side. The region of the mastoid was red, swollen, and there were distinct signs of fluctuation.

The patient was etherized and a free incision made down to the bone, evacuating a quantity of

¹ Read at the meeting of the Surgical Section of the Suffolk District Medical Society, Feb. 1, 1888.



pus. A small piece of dead bone was discovered about on a level with the superior wall of the external meatus, which was readily removed, and the probe found to pass into the mastoid an inch. The polypus was snared off. The wound of incision was dressed and the patient kept in bed. The head symptoms were partially relieved for a few days by the operation, but the otorrhœa continued, accompanied now with free discharge from the wound behind the auricle.

September 1st. The case was referred for treatment to the Massachusetts Charitable Eye and Ear Infirmary. The polypus, which had reappeared, was removed, revealing the condition of the middle ear. The membrana tympani was found entirely destroyed, and the tympanic cavity filled with granulations. The malleus and incus were absent. Probing discovered no necrosis either in the middle ear or in the postaural sinus to the depth of an inch. The ear and wound were frequently syringed with solutions of permanganate of potash and boric acid. While syringing into the sinus, water freely passed into the meatus from the inferior wall of the tympanic cavity. Under treatment all symptoms diminished, and at the end of ten days the mother was requested to bring the boy as an out-patient. She neglected to attend till October 20th. In the meantime the post-aural swelling had alternately subsided and reappeared. The pain in the ear and mastoid for a few nights was intense. Under ether, the wound previously made behind

the ear, which had partially closed, was enlarged, and dead bone readily felt with the probe at the depth of an inch and a half. The sequestrum resisted gentle attempts for its removal, and considering the relation of the bone to the cranial cavity, and the liability of dangerous hæmorrhage, it was decided not to use force, but to allow it to separate by natural processes. The patient remained in the Infirmary for a week, and during the time suffered very little pain, an anodyne being required but once.

The case now passed from observation until November 17th. At this time the auricle was standing far out from the head, and the swelling over the mastoid had extended farther down the neck. The purulent process was active, and the ear and wound freely discharged.

Under ether the sequestrum was felt with the probe about an inch from the opening of the wound. It was somewhat movable, and after several attempts was extracted without much difficulty with forceps, and proved to be the greater part of the osseous labyrinth.

When last seen, on January 9, 1888, the opening over the mastoid had nearly closed; the discharge from the ear very much diminished in quantity; there was improvement in the facial paralysis, and the patient was in good health. The deafness was profound on the left side, all tests of hearing giving negative results.

The writer has briefly reported the case, believing it of interest in the following respects: namely, the exfoliation of so large a portion of the labyrinth, its removal through an opening in the mastoid process, and the progress of the case toward a favorable termination.

On June 22nd, 1889, nearly nineteen months after the operation, the patient was again seen. He was in good condition. There was a depression one centimetre deep over the mastoid, where the incision had been made. The wound had healed thoroughly a few weeks after the operation. The abnormal tympanic cavity measured about one and one-half centimetres from above downward and nearly the same from side to side, and was partially filled with a yielding tissue. No change was noticed in the paralysis.

Prof. Adam Politzer, of Vienna, to whom a photograph of the labyrinth was shown, remembered but one similar case, that reported by Voltolini in 1870.

